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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	129-001
	First Named Inventor	Appelbaum
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	7/8/03
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Magneto-Luminescent Transducer

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

(Page 1 of 2)

129-001

PTO/BB01 (02-01)

Approved for use through 10/31/2002, OMB 0831-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label **26542** OR ☐ Correspondence address belowName **JAMES M. LEAS**Address **37 Butler Drive**City **S. Burlington** State **VT** ZIP **05403**Country **USA** Telephone **802 864-1575** Fax **802 864 9319**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001; and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name (first and middle (if any)) **Ian Robert** Family Name or Surname **Appelbaum**Inventor's Signature  Date **7/8/03**Residence: City **Providence** State **RI** Country **USA** Citizenship **USA**Mailing Address **9 Oxford St.**City **Cambridge** State **MA** ZIP **02138** Country **USA**NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name (first and middle (if any)) **Bonne Johannes** Family Name or Surname **Monsma**Inventor's Signature  Date **7-8-03**Residence: City **CAMBRIDGE** State **MA** Country **USA** Citizenship **Netherlands**Mailing Address **9 Oxford street**City **CAMBRIDGE** State **MA** ZIP **02138** Country **USA**☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s); PTO/BB/02A attached hereto.

Please type a plus sign (+) inside this box → ☐

129-001

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DECLARATION

ADDITIONAL INVENTOR(S)
 Supplemental Sheet
 Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any)		Family Name or Surname	
Kasey Joe		Russell	
Inventor's Signature		Date	
Kasey Joe Russell		8 July 2003	
Residence: City	State	Country	Citizenship
Somerville	MA	USA	USA
Mailing Address			
9 Oxford St.			
Mailing Address			
City	State	ZIP	Country
Cambridge	MA	02138	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any)		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any)		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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PTO/SB/01 (11-98)

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT,
NOT ACCOMPANYING
APPLICATION**

Application Number	
Filing Date	
First Named Inventor	Appelbaum
Group A1 Unit	
Examiner Name	
Attorney Docket Number	129-001

I hereby appoint:

☒ Practitioners at Customer Number

26542

Place Customer
Number Bar Code
Label here

OR

☐ Practitioner(s) named below:

Name	Registration Number
James M. Leas	34372

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

<input type="checkbox"/> Firm or Individual Name	James Marc Leas				
Address	37 Butler Drive				
Address					
City	S. Burlington	State	VT	Zip	05403
Country	USA				
Telephone	802 864-1575	Fax	802 864-9319		

I am the:

☒ Applicant.☐ Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name	Jan Robert Appelbaum
Signature	<i>[Signature]</i>
Date	7/8/03

Burden Hour Statement: This form is estimated to take 0.8 hours to complete. This will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office.

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Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE**POWER OF ATTORNEY OR
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APPLICATION**

Application Number	
Filing Date	
First Named Inventor	Appelbaum
Group Art Unit	
Examiner Name	
Attorney Docket Number	129-001

I hereby appoint:

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26542

OR

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Name	Registration Number
James M. Leas	34372

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Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Firm or
Individual Name James Marc Leas

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Address

City S. Burlington State VT zip 05403


Country USA

Telephone 802 864-1575 Fax 802 864-9319

I am the:

☒ Applicant☐ Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name	DOUWE JOHANNES MONSMA
Signature	
Date	7-8-03

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PTO/225/01 (11-00)

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APPLICATION**

Application Number	
Filing Date	
First Named Inventor	Appelbaum
Group An Unit	
Examiner Name	
Attorney Docket Number	129-001

I hereby appoint:

☒ Practitioners at Customer Number

26542

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Number Bar Code
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OR

☐ Practitioner(s) named below:

Name	Registration Number
James M. Leas	34372

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

<input type="checkbox"/> Firm or Individual Name	James Marc Leas		
Address	37 Butler Drive		
Address			
City	S. Burlington	State	VT zip 05403
Country	USA		
Telephone	802 864-1575	Fax	802 864-9319

I am the:

☒ Applicant.☐ Assignee of record of the entire interest:
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name	Karen Joe Russell
Signature	<i>Karen Joe Russell</i>
Date	8 July 2003

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